Correspondence

Because of heavy pressure on our space, correspondents are asked to keep their letters short.

Christmas Gifts Fund Appeal

SIR,—I shall be very grateful if you will spare room for me to remind your readers that Christmas will be coming round again soon, and to ask them to give a kind thought and a generous gift to the beneficiaries of the Royal Medical Benevolent Fund.

To those of our colleagues who have fallen by the wayside, and to the widows and children of those who have passed away, a little cheer at Christmas-time means much more than the gift itself. It is especially heart-warming for them to be remembered by members of the profession who are in a position to help them. I earnestly beg all your readers to send contributions marked "Christmas Gifts" to the Secretary, Royal Medical Benevolent Fund, 1, Balliol House, Manor Fields, Putney, London, S.W.15.—I am, etc.,

London, S.W.15. WEBB-JOHNSON, President, Royal Medical Benevolent Fund.

Purpose of Medical Education

SIR,—The *B.M.J.* has published many searching papers on this topic, but none has revealed the sense of desperation implicit in the excellent address of Professor G. W. Pickering (*Journal*, July 21, p. 113). After many years devoted to the aim which he underlines—i.e., that of training the mind of the medical student—I must say that I approach the end of my teaching life with a sense of despair.

The answers to Professor Pickering's questions which deal with the "three great obstacles"—namely, the enormous body of "so-called facts," the rigidity of the curriculum, and its disorder—are in their simplest form the domination of examinations, the oppressive influence of the General Medical Council, and the vested interests of the teachers.

For more years than I care to enumerate I have sat on a committee the object of which is to achieve some degree of evolution in the curriculum. Inevitably any real reform is frustrated by these three Norns. As Professor Pickering rightly says, "Readiness by teachers and taught to admit and remedy ignorance . . . will not be easy, since most teachers mould themselves on those who taught them." So it emerges that the examination is the aim, and to such an extent has this become the dominating factor in the school in which I teach that no supplementary examinations are now permitted, with the avowed object of "weeding out" the less intelligent—this in face of the fact that past experience provides many examples of final-year prizemen who stumbled more than once. So long as this attitude is dominant, no education in the university sense is possible. It is to be noted that the examination is greatly overrated because of the manner in which postgraduate students prepare for and are sorted out by the two Royal Colleges.

As for the influence of rigidity, one has merely to raise the question of reduction of courses or the incidence of examinations to be faced by a colleague with a *non possumus* resulting from his interpretation of the General Medical Council's recommendations. It is idle to emphasize the fact that the Council does not, in so many words, define hard limits. It does not indicate clearly enough that it is for a university faculty of medicine to act in an enlightened manner to achieve educational objectives as it sees fit. The disorder arises from failure of the educational aim. Obviously there can be little discrimination as to the importance of this or that subject or part of a subject if there is a technological aim only. What saddens me most is the fact that the study of medicine, from the basic sciences up, should provide one of the most exciting educational adventures open to a university student, whereas, as countless graduates have come and told me, they have all their enthusiasm and even their interest reduced to the point where they long for the final examination as a release.

Professor Pickering's most trenchant question is: "Will the medical course be arranged primarily in the interests of educating the student, or primarily in the interests of the prestige of the teachers?" My answer is that, unless some august body like the General Medical Council actually states in words that education does not mean training, and that examinations are not to be made the aim or the simple test of intelligent capacity, and that there is no need to include certain specialties in the undergraduate course, we can expect the situation to remain as at present.—I am, etc.,

Adelaide. C. STANTON HICKS.

The Discipline of Learning

SIR,—It is more than 25 years since I learned anatomy in detail, and admittedly at that time "without understanding its place and purpose in the knowledge of the modern doctor" as Dr. A. Morgan Jones writes in your issue of September 1 (p. 494). Now—after a number of years in a coal-mining practice where the amount of work to be done has to be experienced to be believed—I am of the opinion that the discipline of learning anatomy is the most important single factor in preparation for the rigours of general practice. When doing anatomy most students feel that the detail is such that they can never hope to learn it all, but they do. In general practice on most days one feels the work cannot possibly be done, but it is done, and this largely I am sure because one is conditioned to hard work by the severe training in anatomy imposed upon us in our preclinical days.—I am, etc.,

Cymmer, Glam. E. W. KINSEY.

Adrenal Cortical Function

SIR,—In his extremely able review of "Chemical and Clinical Problems of the Adrenal Cortex" (*Journal*, September 22, p. 673) Professor F. T. G. Prunty kindly refers to my studies of adipose children (adipose gynandrism and gynism) under the heading "Adiposity Resembling Cushing's Syndrome," and concludes, "We are inclined to agree with Simpson that there is an underlying abnormality of adrenal cortical function in these individuals which by present methods fails to be demonstrated." In this connexion may I mention a very recent and overlapping publication,[1] in which, using chromatographic methods of hormone assay, it was concluded from the data that "in adipose gynism and in adipose gynandrism the excretion of compound F was significantly increased above that of normal children. In children with adipose gynandrism the excretion of an unknown Δ^4-3-ketosteroid, X_4, was also significantly increased"?

Professor Prunty also has a very interesting paragraph on the "Time of Adrenarche," in which he states, in relation to a child who developed hirsutism at 8 and puberty at 13, "It is suggested that she had an early adrenarche as mentioned by Talbot, Sobel, McArthur, and Crawford (1952), but which is poorly documented." Professor Prunty further gives an interesting example of delayed adrenarche in a male of 18.

My studies of groups of fat children (given the name of adipose gynandrism for males and adipose gynism for females) over the last decade led me to a similar conclusion, which I recorded in 1951 in a lecture[2] to the Endocrine Section of the New York Academy of Medicine as follows:

"In speaking of puberty, we think of chronological puberty—for example, 13+ or −, with sex maturation. Fuller Albright has reminded us that the adrenals as well as the gonads come into play at that time, a thought propounded by Bulloch and Sequeira in 1905—'The adrenal cortex is connected with the growth of the body and the development of puberty.' Albright has coined the term adrenarche as supplementary to menarche. He appears to have limited this conception to androgens and to chronological